United States Courts
Southern District of Texas
FILED

DEC 16 2016

David J. Bradley, Clerk of Court

Appendix A

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
_______________ DIVISION

Michael Norvil	§	H 16 3671
	§	
versus	§	CIVIL ACTION NO. ________
	§	
Sercel INC	§	
17200 Park Row	§	
Houston TX 77084	§	

EMPLOYMENT DISCRIMINATION COMPLAINT

1. This action is brought under Title VII of the Civil Rights Act of 1964 for employment discrimination. Jurisdiction is conferred by Title 42 United States Code, Section § 2000e-5.

2. The Plaintiff is: Michael Norvil

Address: 18318 Sable Tree Dr
Houston, Tx 77084

County of Residence: U.S.A.

3. The defendant is: SERCEL ING

Address: 17200 Park Row
Houston, Tx 77084

☐ Check here if there are additional defendants. List them on a separate sheet of paper with their complete addresses.

4. The plaintiff has attached to this complaint a copy of the charges filed on 03/27/13 with the Equal Opportunity Commission.

5. On the date of 09/26/16, the plaintiff received a Notice of Right to Sue letter issued by the Equal Employment Opportunity Commission; a copy is attached.

6. Because of the plaintiff's:

(a) ☒ race

(b) ☐ color

(c) ☐ sex

(d) ☐ religion

(e) ☒ national orgin,

the defendant has:

(a) ☐ failed to employ the plaintiff

(b) ☒ terminated the plaintiff's employment

(c) ☐ failed to promote the plaintiff

(d) ☐ other: ______________________________

7. When and how the defendant has discriminated against the plaintiff:

Due to the Job injury of 10/26/18, I've been Treating differently That lead To my Termination leave me with pain, body damage.

8. The plaintiff requests that the defendant be ordered:

(a) ☐ to stop discriminating against the plaintiff

(b) ☐ to employ the plaintiff

(c) ☐ to re-employ the plaintiff

(d) ☐ to promote the plaintiff

(e) ☒ to pay for all my pains, with a Compensation cause I can't to much due to my pains. and that;

(f) ☐ the Court grant other relief, including injunctions, damages, costs and attorney's fees.

(Signature of ~~Plaintiff~~)

Address: 18318 Sable Tree Dr
Houston, Tx 77084

Telephone: 832-465-2689

EEOC Form 161 (11/09)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: Michael A. Norvil
18318 Sable Tree Drive
Houston, TX 77084

From: Houston District Office
Mickey Leland Building
1919 Smith Street, 7th Floor
Houston, TX 77002

☐ *On behalf of person(s) aggrieved whose identity is CONFIDENTIAL (29 CFR §1601.7(a))*

EEOC Charge No.	EEOC Representative	Telephone No.
460-2013-01875	**Michael Lightner, Investigator**	**(713) 651-4989**

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

☐ The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐ Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐ The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐ Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☒ The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☐ The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐ Other *(briefly state)*

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Rayford O. Irvin,
District Director

SEP 26 2016
(Date Mailed)

Enclosures(s)

cc:

Alexia V. Gannon
Attorney
ROACH/GANNON
4605 Post Oak Place
Suite 226
Houston, TX 77027

Ryan Gross
GROSS LAW FIRM, PLLC
1093 Prairie Hawk
Houston, TX 77064

TWC- Civil Rights Division
101 East 15th Street
Room 144T
Austin, TX 78778

INFORMATION RELATED TO FILING SUIT UNDER THE LAWS ENFORCED BY THE EEOC

(This information relates to filing suit in Federal or State court under Federal law. If you also plan to sue claiming violations of State law, please be aware that time limits and other provisions of State law may be shorter or more limited than those described below.)

PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA), the Genetic Information Nondiscrimination Act (GINA), or the Age Discrimination in Employment Act (ADEA):

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you *receive* this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was *mailed* to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit before 7/1/10 – *not* 12/1/10 -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

[ ] FEPA

[X] EEOC 460-2013-01875

Texas Workforce Commission Civil Rights Division and EEOC

State or local Agency, if any

Name *(indicate Mr., Ms., Mrs.)*	Home Phone *(Incl. Area Code)*	Date of Birth
Mr. Michael A. Norvil	**(832) 427-1767**	**10-20-1970**

Street Address City, State and ZIP Code

14923 Lindenbrook Lane, Houston, TX 77095

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (*If more than two, list under PARTICULARS below.*)

Name	No. Employees, Members	Phone No. *(Include Area Code)*
SERCEL INC	**500 or More**	**(281) 492-6688**

Street Address City, State and ZIP Code

17200 Park Row, Houston, TX 77084

Name	No. Employees, Members	Phone No. *(Include Area Code)*

Street Address City, State and ZIP Code

DISCRIMINATION BASED ON *(Check appropriate box(es).)*

[X] RACE [ ] COLOR [ ] SEX [ ] RELIGION [X] NATIONAL ORIGIN

[X] RETALIATION [ ] AGE [X] DISABILITY [ ] GENETIC INFORMATION

[ ] OTHER *(Specify)*

DATE(S) DISCRIMINATION TOOK PLACE

Earliest	Latest
10-26-2012	**03-27-2013**

[X] CONTINUING ACTION

THE PARTICULARS ARE *(If additional paper is needed, attach extra sheet(s)):*

I began my employment on June 25, 2007 as a cable assembler and later became a machine operator. Since the start of my employment I have been subjected to different terms and conditions than others not of my race. Others not of my race get more favorable job assignments that are less strenuous and less physical.

I am being forced to work 12 hours a day, seven days a week. If I call off, Supervisors, Steven Buu (Vietnamese/Asian), Ryan, and lead man, Tai Lee (Vietnamese) become very upset whenever I call off or when I am at work and take a quick bathroom break.

Due to the heavy lifting, work schedule/hours, and pressure from management, I received an on the job injury on October 26, 2012. I reported this to my superiors and I was taken to the on-site doctor by Human Resources, Carolyn Moore. I was given workers compensation documents releasing me back to work the same day and was advised to take over the counter medication.

On February 5, 2013 I complained again about continuous and severe pain due to my work injury. I was taken to the on-site doctor again by Ms. Moore. Before I was seen by the doctor or can enter the room Ms. Moore would privately speak to the doctor. I was given worker compensation documents stating, "Patient has improved as expected" which is not true.

(Continue on next page)

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY – *When necessary for State and Local Agency Requirements*

Maria Esther Guerra

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

MARIA ESTHER GUERRA
MY COMMISSION EXPIRES
April 5, 2015

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE *(month, day, year)*

Mar 27, 2013

March 27, 2013

Date *Charging Party Signature*

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA

☒ EEOC **460-2013-01875**

Texas Workforce Commission Civil Rights Division and EEOC

State or local Agency, if any

THE PARTICULARS ARE *(If additional paper is needed, attach extra sheet(s))*:

On March 11, 2013 I went to my own doctor and received restrictions that included: no lifting over 10 pounds, no climbing ladders, no pushing/pulling, and no overreaching. On March 12, 2013 I submitted the Workers Compensation Work Status Report my doctor gave me to give Ms. Moore and had me wait in a break room from 5 A.M. to noon. I was taken to the on-site doctor who gave me similar restrictions to that of my doctor's restrictions. The on-site doctor added an additional restriction of "Lift/Carry restrict: may not Lift/Carry obj more than 15 lbs. for more than 8 hrs/day." Ms. Moore was not satisfied with the on-site doctor's summary visit and told me that I will work more than 8 hours for her. Mr. Moore and Mr. Ryan instructed me to fill out a sick leave request for the days that I do not want to work more than 8 hours.

On March 20, 2013 I worked 10 hours for the day. I was in severe pain so I submitted a sick request form for the remaining 2 hours left of my work day. I was then harassed by Ms. Moore and was questioned why I was leaving early and that I was not allowed to leave early. I was later presented with a disciplinary write-up for leaving early by Mr. Ryan and Ms. Moore; I refused to sign. Respondent failed to accommodate my restrictions imposed by both in house and my personal physician.

Due to the constant harassment, stress, pain, and the refusal of Respondent to accommodate, I took vacation time off beginning March 25, 2013 and I am to return April 1, 2013.

I believe I am being discriminated and retaliated against because of my race (black/African) and national origin (Haiti) in violation of Title VII of the Civil Rights Act of 1964, as amended. I believe I am being discriminated and retaliated against because of my condition in violation of the Americans with Disabilities Act of 1990, as amended and ADA Amendment Act of 2008.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Mar 27, 2013

Date

Charging Party Signature

NOTARY – *When necessary for State and Local Agency Requirements*

Maria Esther Guerra

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (*month, day, year*)

MARIA ESTHER GUERRA
MY COMMISSION EXPIRES
April 5, 2015

March 27, 2013

Sercel, Inc., 17200 Park Row, Houston, Texas 77084, U.S.A
(P) +1 281.492.6688 (F) +1 281.579.7505 www.sercel.com

April 2, 2013

Micheal A. Norvil
14923 Lindenbrook Lane
Houston, TX 77095

Ref: Exit Packet Information

Dear Mr. Norvil:

Sercel, Inc. has terminated your employment effective April 1, 2013. Below is a list of items that need to be processed in order to insure that your benefits under the group plans are continued or canceled.

- BMA will be sending you information on COBRA for continuation of your medical/dental insurance for yourself.
- To convert your life insurance into an individual policy please submit the enclosed Life Conversion Information Request Form to Prudential Employee Benefits.
- We have enclosed a change of address form if changes are needed.
- Your final Sercel payroll check.

Further contact with Sercel should be directly to Jason MacIntyre, Security Supervisor. He can be reached at 281-249-2053.

We wish you the best with your future endeavors.

Sincerely,

Rená Johnson

Rená Johnson
Director, Human Resources

Enclosure

RJ/hcb

Celebrity
SPINE & JOINT

Phone: (832) 975-0200
Fax: (832) 975-0400

Work/School Medical Excuse

Date: 12-15-16

To Whom It May Concern:

Please be advised that Michael Norvil was seen in my office on 12-15-16.

Patient is scheduled to return to our office on n/a.

Patient may return back to work/school on 12-28-16

Restrictions/Limitations:
No heavy lifting over 15lb. No strenuous activity.

If you have any questions regarding this patient, please do not hesitate to contact my office.

Celebrity Spine & Joint
Administration Office
4800 Sugar Grove Blvd.
Suite 275
Stafford, TX 77477
Ph. 832-975-0200

OSD Surgery Center

2121 WILLIAMS TRACE BLVD, SUITE 200
SUGAR LAND, TX 77478

OPERATIVE REPORT

PATIENT NAME: NORVIL, MICHAEL
DATE OF SURGERY: 04/15/14
PATIENT MRN#: 00829
DATE OF BIRTH: 10/20/1970
PHYSICIAN: Omar Vidal, M.D.

REFERRING PHYSICIAN: Dr. Wali.

PREOPERATIVE DIAGNOSES:
1. Cervical pain.
2. Cervical radiculopathy.
3. Herniated nucleus pulposus of cervical spine.

POSTOPERATIVE DIAGNOSES:
1. Cervical pain.
2. Cervical radiculopathy.
3. Herniated nucleus pulposus of cervical spine.

PROCEDURES PERFORMED:
1. Right C6 and right C7 transforaminal epidural steroid injection with local anesthetic and steroids.
2. Fluoroscopy-guided needle placement x2, needles were placed.
3. Epidurogram x2, verified with fluoroscopy.

ANESTHESIA: Total intravenous monitored anesthesia per Department of Anesthesia.

FLUOROSCOPY: Fluoroscopy was used as an independent procedure in this case. On examination of the cervical spine using AP, lateral, and oblique views, I was able to identify the needle tip is within the neural foramen on the right at C6 and C7 with contrast material delineating well each of the nerve roots and spreading into the epidural space for an epidurogram. There was epiradicular flow. There was no intravascular or subarachnoid flow and this was verified fluoroscopically.

OV/SN/sndovmt027/FST-16448784
D: 04/20/14 06:56 P CST
T: 04/20/14 11:56 P CST

The articular cartilage surface of the humeral head and glenoid surface were within normal limits. The undersurface of the supraspinatus, infraspinatus, and teres minor as well as the intraarticular portion of the subscapularis were all within normal limits. The superior, inferior, anterior, and posterior aspects of the glenoid labrum were visualized and probed and were within normal limits. The arthroscope was then removed and placed into the subacromial space where extensive subacromial bursitis was encountered. A direct lateral portal was then created under direct visualization and using a 4.0 mm motorized shaver, a complete subacromial bursectomy was performed. The rotator cuff was visualized and was deemed to be within normal limits. Using electrocautery, we dissected off the coracoacromial ligament to better visualize the anteromedial acromial spur that measured 5 mm in dimension. A subacromial decompression and acromioplasty was performed with the high-speed bur creating a type I acromion. Attention was then paid to the AC joint where there was loss of joint space at the AC joint with eburnation of the distal clavicle and the anteromedial acromial joint surface. Through our direct anterior portal, a distal clavicle resection was performed removing 8 mm of bone from the distal clavicle and 4 mm of bone from the anteromedial acromion in a parallel fashion with care taken to preserve the superior and posterior acromioclavicular ligaments. All bony debris was then suctioned out of the subacromial space. The subacromial space was thoroughly irrigated. Then, 20 mL of 0.25% Marcaine without epinephrine was injected back in the subacromial space. The arthroscopes were removed. The portals were closed using interrupted 3-0 Prolene suture. Xeroform, 4x4's, ABD pads, and foam tape were placed as a dressing on the right shoulder. The arm was placed into a regular sling. The patient awakened from anesthesia without complications and was transferred to the recovery room in stable condition. All final sponge and instrument counts were correct. I was present for the entire case.

____
Angelo D. Parameswaran, M.D.

AP/SN/srdcvmt027/FST-16250744
D: 02/20/14 03:14 P CST
T: 02/21/14 05:36 A CST

He presents to my office with complaints of right shoulder pain and weakness with at and above shoulder level activity and inability to perform his normal functions at work. He denied any problems with his right shoulder prior to his work injury. X-rays demonstrated a type II acromion with a 5 mm anteromedial acromial spur as well as evidence of an AC joint sprain. An MRI of the right shoulder demonstrated a partial-thickness tear at the undersurface of the supraspinatus tendon, again with evidence of AC joint sprain as well as subacromial bursitis and rotator cuff tendinitis. The patient has failed nonoperative treatments consisting of rest, ice, activity modifications, nonsteroidal antiinflammatory medications, pain medications, physical therapy and the corticosteroid injections. Nonoperative and operative treatments were discussed with the patient. We recommended operative treatment. Informed consent and medical clearance was obtained. The risks and benefits of the surgery, which included but were not limited to infection, bleeding, damage to nerves or blood vessels, DVT, PE, stiffness, death, and the need for revision surgery, were all discussed with the patient. The patient understood these risks and wished to proceed with surgery.

DESCRIPTION OF PROCEDURE: On February 20, 2014, the patient was correctly identified in the preoperative holding area. The right upper extremity was marked. A right interscalene nerve block was performed by the Anesthesia Team. He was then taken to the operating room, where he was placed supine on the operating room table. General anesthesia was performed by the anesthesia team. The right upper extremity was then prepped and draped in the usual sterile fashion. A time out procedure was called verifying the correct patient, the correct extremity and that we had the correct instrumentation. The patient did receive 2 grams of intravenous cefazolin prior to induction of anesthesia. All bony prominences were well padded and the patient was placed in a semi-beach-chair position. A posterior portal was created using 11-blade scalpel and a standard arthroscope was placed into the glenohumeral joint. An anterior portal was created under direct visualization. The biceps tendon did appear to be medially and inferiorly subluxated, however, the tendon itself was within normal limits. The labral anchor was also within normal limits.

AP/SN/sndcvmt027/FST-16250744
D: 02/20/14 03:14 P CST
T: 02/21/14 05:36 A CST

ONE STEP DIAGNOSTIC
Finally, one step for all your imaging needs

11221 Katy Freeway
Suite 201
Houston, TX 77079

Tel: 713-461-7272
Fax: 713-461-7274

PATIENT NAME: NORVIL, MICHAEL
DATE OF BIRTH: 10/20/1970 (AGE 42)
REF. PHYSICIAN: GOUHER WALI, MD
DATE OF STUDY: 06/20/2013
PATIENT MRN: 98072

DATE OF STUDY: 06/20/2013

REFERRING PHYSICIAN: GOUHER WALI, MD

EXAMINATION: MRI CERVICAL SPINE WITHOUT CONTRAST

CLINICAL HISTORY: Neck pain with bilateral upper extremity radiculopathy following an injury in 10/2012.

COMPARISON: None.

TECHNIQUE: Multiplanar, multisequence echo imaging of the cervical spine was performed without contrast. This examination was done in a nonweightbearing supine position.

FINDINGS:

Positioning and Alignment:
The cervicomedullary junction is normal. The cerebellar tonsils are in anatomic position without evidence of a Chiari malformation. The cervical vertebral bodies are in anatomic alignment.

Disc Spaces and Vertebral Bodies:
Disc desiccation affects all levels of the cervical spine. The vertebral body heights are well maintained. No fractures are visualized.

Bone Marrow or Abnormal Pathology:
There are no areas of abnormal bone marrow replacement or bone marrow edema. There is no abnormal signal intensity in the spinal cord. There are no intramedullary or extramedullary mass lesions.

C2/C3: There are no areas of disc herniation, facet arthropathy or ligamentum flavum hypertrophy producing central canal or neural foramen stenosis.

C3/C4: There is a central disc protrusion (herniation) measuring 2 mm and a central annular tear producing effacement of the thecal sac.

C4/C5: There are no areas of disc herniation, facet arthropathy or ligamentum flavum hypertrophy producing central canal or neural foramen stenosis.

C5/C6: There is a broad-based right paracentral/foraminal disc protrusion (herniation) measuring 3 mm producing mild stenosis of the right lateral recess and mild right neural foramen stenosis.

C6/C7: There is a broad-based central disc protrusion (herniation) measuring 3 mm producing effacement of the thecal sac and mild stenosis of the bilateral lateral recesses.

PAGE 2

PATIENT NAME: NORVIL, MICHAEL **DATE OF STUDY:** 06/20/2013
DATE OF BIRTH: 10/20/1970 (AGE 42) **PATIENT MRN:** 98072
EXAMINATION: MRI CERVICAL SPINE WITHOUT CONTRAST

C7/T1: There are no areas of disc herniation, facet arthropathy or ligamentum flavum hypertrophy producing central canal or neural foramen stenosis.

IMPRESSION:

1. **At the C3/C4 level, there is a central disc protrusion (herniation) measuring 2 mm and a central annular tear producing effacement of the thecal sac.**
2. **At the C5/C6 level, there is a broad-based right paracentral/foraminal disc protrusion (herniation) measuring 3 mm producing mild stenosis of the right lateral recess and mild right neural foramen stenosis.**
3. **At the C6/C7 level, there is a broad-based central disc protrusion (herniation) measuring 3 mm producing effacement of the thecal sac and mild stenosis of the bilateral lateral recesses.**

Thank you for the referral of your patient Michael Norvil. I sincerely appreciate your trust and confidence in allowing me to participate in the care of your patient. Please feel free to call me directly at your convenience with any questions you might have.

Electronically Approved by:
Kristin Coleman, MD
Board Certified by the American Board of Radiology

KC/lm
DD: 06/20/2013 10:16 AM
DT: 06/20/2013 10:25 AM
TID: 80640766

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Finally, one step for all your imaging needs

11221 Katy Freeway
Suite 201
Houston, TX 77079

Tel: 713-461-7272
Fax: 713-461-7274

PATIENT NAME: NORVIL, MICHAEL
DATE OF BIRTH: 10/20/1970 (AGE 42)
REF. PHYSICIAN: GOUHER WALI, MD
DATE OF STUDY: 07/24/2013
PATIENT MRN: 98072

EXAMINATION: MRI RIGHT SHOULDER WITHOUT CONTRAST

CLINICAL HISTORY: Right shoulder pain following an injury in 10/2012.

COMPARISON: None.

TECHNIQUE: Multiplanar, multisequence echo imaging of the right shoulder was performed without contrast. The examination is limited secondary to motion artifact and low signal to noise ratio related to the low field open MRI.

FINDINGS: There is a type I acromion in normal position. The acromioclavicular joint shows mild degenerative changes with joint space narrowing and fibrous capsular overgrowth. There is a small amount of fluid in the subacromial/subdeltoid bursa.

The supraspinatus and teres tendons are intact with no partial or full thickness tearing. Along the undersurface of the distal infraspinatus tendon, there is a 1.6 cm length partial thickness tear. The tear is estimated at 50% to 75% in thickness. There is no associated atrophy of the infraspinatus muscle. The subscapularis tendon is suboptimally visualized on the axial sequence; however, there does appear to be fraying of the deep fibers of the subscapularis tendon along with at least partial thickness tearing. There is no retraction or atrophy of the supraspinatus muscle.

The biceps tendon is visualized in the bicipital groove at the level of the proximal humeral diaphysis; however, the biceps tendon appears to sublux medially from the bicipital groove at the level of the humeral head. Its attachment onto the superior labrum is not confirmed on the coronal sequences. There is no definite abnormal signal intensity in the biceps tendon on the images provided.

The superior, anterior, and posterior labrum show no gross abnormality.

There is a shallow Hill-Sachs deformity measuring 25 x 5 mm. There is no associated Bankart lesion. Within the posterior-superior humeral head, there are several degenerative subchondral cysts measuring up to 7 mm. No other cartilage or bony abnormalities are visualized.

IMPRESSION:

1. **Limited examination secondary to motion artifact and low signal to noise ratio related to the nature of the low field open MRI.**
2. **Mild degenerative changes of the acromioclavicular joint.**
3. **Small amount of fluid in the subacromial/subdeltoid bursa which may be producing symptoms of bursitis.**
4. **High grade partial thickness tear along the undersurface of the distal infraspinatus tendon. The tear is measured at 1.6 cm in length with a thickness of 50% to 75%. No associated atrophy of the infraspinatus muscle.**

PATIENT NAME:	**NORVIL, MICHAEL**	**DATE OF STUDY:**	07/24/2013
DATE OF BIRTH:	10/20/1970 (AGE 42)	**PATIENT MRN:**	98072
EXAMINATION:	**MRI RIGHT SHOULDER WITHOUT CONTRAST**		

5. **Subluxation of the biceps tendon medially from the bicipital groove. Its attachment onto the superior labrum is not confirmed on any of the pulsed sequences.**
6. **Shallow Hill-Sachs deformity measuring 25 x 5 mm suggesting prior shoulder dislocation. No bone marrow edema to indicate an acute injury.**
7. **Several degenerative subchondral cysts within the posterior-superior humeral head measuring up to 7 mm.**
8. **Fraying and at least a partial thickness tear involving the deep fibers of the subscapularis tendon which is suboptimally visualized on the images provided.**

Thank you for the referral of your patient Michael Norvil. I sincerely appreciate your trust and confidence in allowing me to participate in the care of your patient. Please feel free to call me directly at your convenience with any questions you might have.

Electronically Approved by:
Kristin Coleman, MD
Board Certified by the American Board of Radiology

KC/lm
DD: 07/24/2013 3:24 PM
DT: 07/24/2013 3:33 PM
TID: 81861495

OSD Surgery Center
2121 Williams Trace Blvd., S
Sugar Land, Texas 7747
281-404-3280

NORVIL, MICHAEL
DOB:10/20/70 AGE:43Y SEX:M
DR:VIDAL, OMAR
MRN:00829 DOS:04/15/2014

Post-Operative Instructions

PLEASE RETURN HOME AND REST. Pamper yourself. Your activity level is influenced by the anesthetic agent you have received. It is not uncommon to feel drowsy or tired for a number of hours. Usually normal, daily living activities may be resumed the following day. You may experience a sore throat and muscle aches. You will need to deep breathe and cough frequently for the first 24 hours post-operative.

Activity: After general anesthesia, Intravenous sedation or certain nerve blocks, judgment and/or motor functions may be impaired for up to 24 hours and possibly longer.

During this period:

1. **DO NOT** drive a car.
2. **DO NOT** operate complicated machinery.
3. **DO NOT** make important binding decisions.
4. **DO NOT** drink alcoholic beverages.
5. Try not to smoke for 24 hours.

☐ You may take a shower ☑ Shower ☐ Tub bath ☐ Sponge bath after ______ day(s)

☐ No activity restrictions ☐ Crutches for _______ days
☑ No Strenuous activity for __2__ days
☐ Keep extremity elevated for _______ days.

Move slowly today. After lying down, sit on the edge of the bed for a moment. If you do not experience dizziness, you may stand. Stand beside the bed for a moment before walking. If you are nauseated or dizzy, you should not get up. When you are walking, walk slowly. **DO NOT** try to stand for a prolonged period today.

Discomfort: Your physician will advise you on what medications to take for discomfort. Take only the medications your physician has prescribed.
☑ May take headache remedies for discomfort.
☐ Prescription given.
☐ Instructions on prescription given was reviewed with:
☐ Patient ☐ Family member ☐ Significant other ☐ Other: ____________________
☐ Do not take aspirin or aspirin products for ___________ days.
☑ If an unusual amount of discomfort is experienced, contact your physician.

Nourishment: We suggest you return to your normal diet slowly. Begin by drinking liquids such as cola, 7-Up, tea, gingerale, or apple juice. Progress your diet to foods that are not spicy and then to your regular diet as tolerated.

Surgery Site: You can expect: ☑ No drainage ☐ Small amount ☐ Moderate amount
☐ Large amount of drainage from your surgical site:

- ☐ Reinforce the dressing only. **DO NOT** remove it.
- ☐ If dressing gets wet, please call your physician for further instructions.
- ☐ If your dressing feels too tight and is causing discomfort/pain, please call your physician for further instructions.
- ☐ You can remove your dressing in _____ days or _____ hours.
- ☑ Apply ice pack to Neck for 48hours.
- ☐ Apply wet, warm compresses to ______________ for ______________.

Follow-up Care:

- ☐ You have a follow-up appointment scheduled for __________ at ____________________.
- ☑ Call your physician's office today or the next business day and schedule an appointment for 1-2Weeks.

YOU SHOULD CALL YOUR PHYSICIAN FOR ANY OF THE FOLLOWING:

- ☑ Temperature greater that 101° F.
- ☑ Sudden pain that has not been previously experienced.
- ☑ Pain that does not lessen with pain medication.
- ☑ Cloudy or foul smelling drainage from surgery site or cast.
- ☑ Redness, warmth and firmness around surgical site.
- ☑ Persistent nausea and vomiting for longer than _______ hours.
- ☑ Bleeding or continuous oozing that saturates the dressing and that does not stop after applying pressure to the incision for 10 minutes.
- ☐ Increased swelling of fingers or toes, severe tightness not relieved with elevation of limb above the level of your heart.
- ☐ Increased numbness or tingling.
- ☐ Pale, blue, cold finger(s) or toe(s)nail beds (compared to opposite side).

I have read and understand these instructions.

X [signature]

Patient Signature / Responsible Adult

I have reviewed the post-op instructions with the: ☐ Patient ☐ Family Member ☐ Significant Other ☐ Legal Guardian ☐ Other: ~~[illegible]~~ Edwina (wife)

[signature] 4-15-14 0950

Nurse's Signature | Date | Time

Outcomes: Provides instructions regarding dietary needs (I107)
Evaluates responses to nutritional instruction (I52)
Provides pain management instruction (I108)
Evaluates response to pain management instruction (I53)
Provides instruction about prescribed medications (I104)
Evaluates response to instruction about prescribed medication (I48)
Identifies expectations of home care (I62)
Evaluates response to instructions (I50)

NORVIL, MICHAEL
DOB:10/20/70 AGE:43Y SEX:M
DR:VIDAL, OMAR
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NU 050.C

PATIENT FIRST ORTHOPEDICS P.A.

4802 E. Sam Houston Pkwy, Ste #110
Pasadena, TX 77505

August 28, 2013

Re: Patient: Michael Norvil
Date of Injury: 10/26/12

INITIAL MEDICAL REPORT

Chief Complaint:
Right shoulder pain.

History of Injury:
The patient is a 42-year-old right hand dominant male who sustained a work-related injury on 10/26/12. The patient states while working during the normal course and scope of employment with Sercel, Inc., he was employed as machine operator. The patient states on that day, he was loading a wheel manually on to a payoff when he felt pain in the shoulders and in the neck region. Subsequently, he was moved to a different department in December 2012 where he would lift heavy machines and place him on a different table throughout the day. The patient states that due to the work activities, his right shoulder pain got worse. On 02/05/13, he had exacerbation of bilateral shoulder and neck pain. He was returned back to work full duty but because of the ongoing pain, the patient then saw his primary care physician who recommended MRI of the cervical spine. However the patient continues to have ongoing right shoulder pain that radiating to the right upper extremity. He denies any problems with the right shoulder prior to the injury on 10/26/12 and the exacerbation on 02/05/13. He is currently doing physical therapy and currently takes tramadol and ibuprofen on an as needed basis. Again, he denies any prior right shoulder problems prior to the work injuries. He has bilateral shoulder pain with the right being greater than the left. He has pain at rest. He has pain at night. He has pain with at and above shoulder level activities. He does feel like the physical therapy is helping.

Past Medical History:
His past medical history is none. His past surgical history is none. Current medications are as above. Allergies to medications are none. Social history is negative for tobacco, alcohol, or illicit drug use. His family history is non-contributory. His review of systems is as above.

Objective Clinical Findings:
On physical examination, he is alert and oriented x3. He is in moderate distress with regards to his right shoulder. He has tenderness to palpation at the AC joint. He has tenderness to palpation at the greater tuberosity. He has pain with internal and external